

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 1006

Dominic Basile

-vs-

Portfolio Recovery Associates, LLC and Blatt, Hasenmiller,
Leibsker & Moore, LLC

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
Portfolio Recovery Associates, LLC

NAME (Type or print) James K. Schultz	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ James K. Schultz	
FIRM Sessions, Fishman, Nathan & Israel, LLP	
STREET ADDRESS 1000 Skokie Boulevard, Suite 430	
CITY/STATE/ZIP Wilmette, IL 60091	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6243838	TELEPHONE NUMBER (847) 853-6100
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	